DATE(MM/DD/YYYY)

05/15/2014



REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

### CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:				
Aon Risk Insurance Services West, Inc. Los Angeles CA Office	PHONE (A/C. No. Ext):	FAX (8/6. No.): (800) 363-0		05	
707 Wilshire Boulevard Suite 2600	E-MAIL ADDRESS:				
Los Angeles CA 90017-0460 USA		INSURER(S) AFFORDING CO	NAIC#		
INSURED	INSURER A:	National Union Fire In	s Co of Pittsburgh	19445	
Tetra Tech, Inc.	INSURER B:	The Insurance Co of th	e State of PA	19429	
800 Corporate Drive, Suite 200 Lexington KY 40503 USA	INSURER C:	Lexington Insurance Co	19437		
	INSURER D:	AIG Europe Limited	AA1120841		
	INSURER E:				
	INSURER F:				

#### **COVERAGES** CERTIFICATE NUMBER: 570053760411 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste Limits shown are as requested

	EXCEOSIONS AND CONDITIONS OF GOOD FOLICIES. ENMITS SHOWN WAS TRAVE BEEN RESOURCE OF THE GENERAL ENDINGS OF GOOD FOLICIES.							
INSR LTR	TYPE OF INSURANCE	ADDUS INSD V	UBR WVD POLICY NUMBER	POLICY EFF POLICY E (MIWDD/YYYY) (MIWDD/YY	XP YY) LIMITS			
A	X COMMERCIAL GENERAL LIABILITY		GL5142623	10/01/2013 10/01/20	P14 EACH OCCURRENCE \$2,000,00			
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED \$1,000,00 PREMISES (Ea occurrence)			
	X X,C,U Coverage				MED EXP (Any one person) \$10,00			
		1 1			PERSONAL & ADV INJURY \$2,000,00			
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 1			GENERAL AGGREGATE \$4,000,00			
	POLICY X PRO- JECT X LOC				PRODUCTS - COMP/OP AGG \$4,000,00			
	OTHER:							
A	AUTOMOBILE LIABILITY		CA 327 52 65	10/01/2013 10/01/20	014 COMBINED SINGLE LIMIT \$1,000,00			
	X ANY AUTO				BODILY INJURY ( Per person)			
	ALL OWNED SCHEDULED				BODILY INJURY (Per accident)			
	X HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)			
		1		]				
D	X UMBRELLA LIAB X OCCUR		тн1300027	10/01/2013 10/01/20	EACH OCCURRENCE \$10,000,00			
	EXCESS LIAB CLAIMS-MADE				AGGREGATE \$10,000,00			
	DED X RETENTION \$100,000	1						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC15656017	10/01/2013 10/01/20				
B	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A	WC15656011 WC15656012	10/01/2013 10/01/20				
"	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<b>↓"'^</b>	WC13030012	20,02,2025	E.L. DISEASE-EA EMPLOYEE \$1,000,00			
	If yes, describe under DESCRIPTION OF OPERATIONS below		1		E.L. DISEASE-POLICY LIMIT \$1,000,00			
С	Contractor Prof		028182375	10/01/2013 10/01/20	1 11/11/11			
l			Prof/Poll Liab		Agggregate \$5,000,00			
1		1 1	1					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: RFP No. 13-2014, Request for Qualifications for Professional Engineering Services. Lexington-Fayette Urban County Government is included as Additional Insured in accordance with the policy provisions of the General Liability and Automoile Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured with the policy's provisions. Stop Gap Coverage for the following states: OH, ND, WA, WY.

CERT	IEICA:	TE HO	LDER

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Aon Rick Insurance Services West Inc.

Lexington-Fayette Urban County Government 200 East Main Street Lexington KY 40507 USA

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **ENDORSEMENT**

This endorsement, effective 12:01 A.M. 10/01/2013

forms a part of

**Policy No.** GL 514 26 23

### LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL TO ENTITIES OTHER THAN THE FIRST NAMED INSURED

This policy is amended as follows:

In the event that the **Insurer** cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
- the First Named Insured is under an existing contractual obligation to notify a
  certificate holder when this policy is canceled (hereinafter, the "Certificate
  Holder(s)") and has provided to the Insurer, either directly or through its broker of
  record, the email address of a contact at each such entity; and
- 3. the Insurer received this information after the First Named Insured receives notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the Insurer,

the Insurer will provide advice of cancellation (the "Advice") via e-mail to each such Certificate Holders within [30] days after the First Named Insured provides such information to the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured provides such information to the Insurer.

Proof of the Insurer emailing the Advice, using the information provided by the First Named Insured, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

- First Named Insured means the Named Insured shown on the Declarations Page of this
  policy.
- 2. **Insurer** means the insurance company shown in the header on the Declarations page of this policy.

All other terms, conditions and exclusions shall remain the same.

Form 107414

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **ENDORSEMENT**

This endorsement, effective 12:01 A.M. 10/01/2013

forms a part of

Policy No. CA 327 52 65

# LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL TO ENTITIES OTHER THAN THE FIRST NAMED INSURED

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  record, the email address of a contact at each such entity; and
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Form 107414

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **ENDORSEMENT**

This endorsement, effective 12:01 A.M. 10/01/2013

forms a part of

Policy No. WC 1565 60 17

## LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL TO ENTITIES OTHER THAN THE FIRST NAMED INSURED

This policy is amended as follows:

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- 1. the cancellation effective date is prior to this policy's expiration date;
- the First Named Insured is under an existing contractual obligation to notify a
  certificate holder when this policy is canceled (hereinafter, the "Certificate
  Holder(s)") and has provided to the Insurer, either directly or through its broker of
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Form 107414